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CONFIRMATION NO. 3273

SERIAL NUMBER 10/723,955	FILING OR 371(c) DATE 11/26/2003 RULE	CLASS 435	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. AREN-007CON2 (7.US29.CON)
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 10/417,820 04/16/2003 ABN which is a CON of 09/416,760 10/12/1999 ABN which is a CIP of 09/170,496 10/13/1998 PAT 6,555,339 and claims benefit of 60/110,060 11/27/1998 and claims benefit of 60/120,416 02/16/1999 and claims benefit of 60/121,852 02/26/1999 and claims benefit of 60/109,213 11/20/1998 and claims benefit of 60/123,944 03/12/1999 and claims benefit of 60/123,945 03/12/1999 and claims benefit of 60/123,948 03/12/1999 and claims benefit of 60/123,951 03/12/1999 and claims benefit of 60/123,946 03/12/1999 and claims benefit of 60/123,949 03/12/1999 and claims benefit of 60/152,524 09/03/1999 and claims benefit of 60/151,114 08/27/1999 and claims benefit of 60/108,029 11/12/1998 and claims benefit of 60/136,436 05/28/1999 and claims benefit of 60/136,439 05/28/1999 and claims benefit of 60/136,567 05/28/1999 and claims benefit of 60/137,127 05/28/1999 and claims benefit of 60/137,131 05/28/1999 and claims benefit of 60/141,448 06/29/1999 and claims benefit of 60/136,437 05/28/1999 and claims benefit of 60/156,633 09/29/1999 and claims benefit of 60/156,555 09/29/1999 and claims benefit of 60/156,634 09/29/1999 and claims benefit of 60/156,653 09/29/1999 and claims benefit of 60/157,280 10/01/1999 and claims benefit of 60/157,294 10/01/1999 and claims benefit of 60/157,281 10/01/1999 and claims benefit of 60/157,293 10/01/1999 and claims benefit of 60/157,282 10/01/1999

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
 ** 03/03/2004

Foreign Priority claimed

35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Allowance <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after		STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Signature <u>N. W.</u> Initials					
ADDRESS 65643					
TITLE Constitutively activated human G protein coupled receptors					
FILING FEE RECEIVED 2607	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		